MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004116 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 415

FILED JAN 17 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2	20	16	
4	3		
5	2		
7	1		
8	2		
12	77-0		
	77		

BY AFFIDAVIT OF ____ DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Homer G. Phillips
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1417A Burd
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Ruby; Middle; Last Simmons

4. DATE OF DEATH: Month 1 Day 11 Year 63

5. SEX: Fem.

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 5-8-1915

9. AGE (last birthday): 47
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Housekeeper~~ Nil

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Arkansas

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Nick Patterson

13b. MOTHER'S MAIDEN NAME: Cassie Brown

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown)? No (If yes, give war or dates o

NO. 6

17. INFORMANT: Cassie Bryant Address: 1417a Burd Ave.,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Uncontrolled Blood Loss
DUE TO (c): 171+

INTERVAL BETWEEN ONSET AND DEATH: Undet.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cancer of Cervix

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour ____ a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-12-62 to 1-11-63 and last saw her alive on 1-11-63

Death occurred at 6:05 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Wm Smilly M.D. (Degree or title)

22b. ADDRESS: 2601 N. Whittier

22c. DATE SIGNED: 1-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 1-18-63

23c. NAME OF CEMETERY OR CREMATORY: Father Dickson Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS: G. Wade Granberry 4202 Finney Avenue

25. DATE RECD. BY LOCAL REG.: JAN 14 1963

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward a. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Avenue
St. Louis 13, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.